



RULE 2202 - REGISTRATION FORM

YEAR: _____

SITE ID: _____

Type of Program: Employee Commute Reduction Program (ECRP)

T Y P E O R P R I N T A L L I N F O R M A T I O N

Section I - General Information

Employer/Organization Name: _____

Worksite Address: _____

Street Number (N, S, E, W)

Street Name

Type (St., Ave., Blvd.)

Unit / Suite

Location / Mail stop

City

State

Zip Code

County (LA, OC, RS, SB)

Highest Ranking Official at this Site: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

Contact Name: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

Total number of employees reporting at this worksite: _____

Total number of employees reporting within the designated window at this worksite: _____

I attest that the attached program will be implemented as described by Rule 2202 – On-Road Motor Vehicle Mitigation Options and as approved by the AQMD.

I further declare that in the process of program development: employee ideas were actively solicited, employees were provided with a 30-day notice to allow them to review the program prior to submittal, and employees will be notified within 30 days of receipt of program approval by the AQMD.

Signature of Highest Ranking Official: _____ Date: _____



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Section II – Registration Fees

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District
Transportation Programs
21865 E. Copley Drive
Diamond Bar, CA 91765

Please provide the site I.D. number on all checks. Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees. Please refer to Rule 308 for current Employee Commute Reduction Program registration fees. Fees are subject to change each July 1st. Call (909) 396-FEES for latest information, or download Rule 308 from our Web Site at www.aqmd.gov.

Site Street Address, City, Zip	Total # Employees	Amount Due

Late Fees, if applicable: (50% of submittal fee)

Total Fees Submitted:



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Section III – Employee Commute Reduction Program (ECRP) Option

Please Check Program Type:

☐

Annual Analysis (Complete Section III-1 and Section III-2)

☐

Triennial (Complete All Sub-Sections)

Section III-1. Employee Transportation Coordinator (ETC) at this site

Mr./Ms.:

First Name:

Last Name:

Title:

Department/Unit:

Phone:

Ext:

e-mail:

Has this person completed the Rule 2202 Employee Commute Reduction Program Training?

Yes

☐

No

☐



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Section III-2. AVR Verification Process

A. Methodology:

Identify the methodology used to obtain the survey data by checking one of the following choices:

☐

District Approved
AVR Survey

(If selected, complete B thru D.)

The 7-day survey form is available upon request for qualified employers.

☐

Other (such as Random Sample,
or Record-Keeping)

(This method requires prior AQMD approval).

See Rule 2202 – Employee Commute Reduction Program Guidelines for additional information.

B. Survey Response Rate

Number of surveys returned
from employees reporting to work
response
within the designated window.

divided by

Total number of employees
reporting to work within the
designated window.

Survey response rate
(60% minimum

rate required.)

C. Survey Week

First day of survey

Last day of survey

NOTE: Survey must be taken M-F (5
consecutive days), 6 am – 10 am,
exclusive of holidays and rideshare
week (see holiday listing in the
program guidelines).

D. Specific location where surveys/record keeping data are stored at your worksite

Section III-2 (cont.)

E. Weekly Employee Survey Summary Form

Summarize the commute modes of employees reporting to work within the designated 6-10 a.m., Monday-Friday window

Days of the week: _____ Hours: _____ through _____
(Identify the 5 consecutive days above) (Identify the 4 consecutive hours above)

Mode

Mode	MON	TUE	WED	TH	FRI	Total
NSR. No Survey Response (60-89%)						
A. Drive Alone						
B. Motorcycle						
C. 2 persons in vehicle						
D. 3 persons in vehicle						
E. 4 persons in vehicle						
F. 5 persons in vehicle						
G. 6 persons in vehicle						
H. 7 persons in vehicle						
I. 8 persons in vehicle						
J. 9 persons in vehicle						
K. 10 persons in vehicle						
L. 11 persons in vehicle						
M. 12 persons in vehicle						
N. 13 persons in vehicle						
O. 14 persons in vehicle						
P. 15 persons in vehicle						
Q. Bus						
R. Rail/plane						
S. Walk						
T. Bicycle						
U. Electric Vehicle						
V. Telecommute						
W. Noncommuting						

Compressed Work Week Day(s) Off

X. 3/36 work week					
Y. 4/40 work week					
Z. 9/80 work week					

Other Days Off

Other Days On					
AA. Vacation					
BB. Sick					
CC. Other					
DD. Other NSR (90% or higher response)					
DAILY TOTALS					

DAILY TOTALS



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Section III-2 (cont.)**F. Weekly Employee/Vehicle Calculation****Mode****Column I****Column II**

NSR. No Survey Responses (if 60%-89%)	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Electric Vehicle	
V. Telecommute	
W. Noncommuting	

NSR. Divided by 1=	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Electric Vehicle	0
V. Telecommute	0
W. Noncommuting	0

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)**TV. Total Vehicles (NSR through P)****Other Days Off**

AA. Vacation	
BB. Sick	
CC. Other	
*DD. Other NSR (90% or higher)	
EE. Total (ET + AA + BB + CC + DD)	
FF. Number of employees in window	
GG. Multiply box FF by 5	

*DD Other: No Survey Response for employers that have achieved a 90% or higher survey response rate.

Note: Numbers in boxes EE & GG must be the same.



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Section III-2 (cont.)

G. AVR Planning Form

1. Total employee trips generated within window (Section III-2-F, Column I, Line ET) 1.
2. Total vehicles arriving at the worksite within the window (Section III-2-F, Column II, Line TV) 2.
3. Divide line #1 of this page by line #2 of this page for current AVR. 3.
4. Enter AVR target area here. (1.30, 1.50, or 1.75). 4.
5. AVR of last submittal. 5.
6. Divide line #1 of this page by line #4 of this page. This is the maximum weekly number of vehicles allowed at the worksite in order to meet and/or maintain the target AVR. 6.
7. Subtract line #6 of this page from line #2 of this page. This is your necessary weekly vehicle reductions required to reach your target AVR. 7.
8. Divide line #7 of this page by 5 days to calculate the necessary daily vehicle reductions required to reach your target AVR. 8.



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Section III-2 (cont.)

The State's Parking Cash-Out Program, California Health & Safety Code, Section 43845, requires certain employers who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space.

The law applies to employers (public or private) who:

- employ at least 50 employees;
- have worksites in an air basin designated non-attainment for any state air quality standard;
- subsidize employee parking that they don't own;
- can calculate the out-of-pocket expense of the parking subsidies they provide; and
- can reduce the number of parking spaces without penalty in any lease agreements.

IF YOU ARE IMPLEMENTING PARKING CASH OUT OR PARKING MANAGEMENT STRATEGIES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Parking Cash Out Program was implemented? _____

H. Parking Cash Out/Parking Management Strategies

Do you charge employees to park?

Yes

☐

No

☐

\$ _____ /emp./mo

Do you provide cash subsidies for employee parking?

Yes

☐

No

☐

\$ _____ /emp./mo

Do not insert range of values

Number of Parking Spaces Prior to Implementing Parking Cash Out or Parking Management Strategies:

Company owned on-site spaces

Company leased on-site spaces

Company owned off-site spaces

Company leased off-site spaces

Number of Parking Spaces After Implementing Parking Cash Out or Parking Management Strategies:

Company owned on-site spaces

Company leased on-site spaces

Company owned off-site spaces

Company leased off-site spaces

Has your AVR Improved after the Implementation of Parking Cash Out or Parking Management Strategies? Yes _ No _

Is there on-street parking or alternative parking close to your facility? Yes ____ No ____ How far? ____ (miles)

How is the program monitored? On-Site Security ____ Card Reader ____ Honor System ____ Other _

Please add pages if other details will help in explaining your site specific parking situation.



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Section III-3. Status/Update of Program

1. Explain why you did or did not attain your target AVR.
2. Explain how this plan is expected to succeed in achieving your target AVR.

If you need more pages, you may photocopy this form.



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Section III-4. Marketing Summary

Identify the marketing strategies that you will be offering to employees in the program at this worksite and insert the corresponding frequency code inside the box.

Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

☐

Company Newsletter

☐

Flyer/Announcements/Memo/Letter to Employees

☐

Bulletin Boards/Commuter Information Kiosks/Display Racks/Web Site

☐

Individual Contact by ETC

☐

Rideshare Meetings/ Focus Group(s)

☐

Company Rideshare Fair/Events

☐

Direct Communication by CEO

☐

New Hire Orientation

☐

Other (specify) _____



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Section III-5. Strategies Summary

Please use the following tables whenever applicable:

* Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

** Eligibility Codes Table:

Minimum Level of Participation	
D = Daily participation	
DW = Days/Week	
DM = Days/Month	
WD = % of Working Days	
O = Other (specify)	

BASIC/SUPPORT STRATEGIES

Check the ECRP strategies that your worksite will implement from the following menu:

- ☐ **Personalized Commute Assistance** – The employer provides personalized assistance such as transit itineraries, carpool matching and personal follow-up to employees.

Check all that apply:

<input type="checkbox"/>	Organize Focus Group(s) or Task Force(s)
<input type="checkbox"/>	Organize Carpool / Vanpool Formation Meeting(s)
<input type="checkbox"/>	Assist in Identifying Park & Ride Lots
<input type="checkbox"/>	Assist in Identifying Bicycle and Pedestrian Routes
<input type="checkbox"/>	Assist in Providing Personalized Transit Routes and Schedule Information
<input type="checkbox"/>	Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program

- ☐ **Commuter Choice Programs** - Tax free transit and/or vanpool benefits.

- ☐ **Rideshare Matching Services** – The employer provides rideshare matching service or assistance in finding commute alternatives for all employees.

Check all that apply:

<input type="checkbox"/>	Employer Based System
<input type="checkbox"/>	Regional Commute Management Agency
<input type="checkbox"/>	TMA/TMO System
<input type="checkbox"/>	Zip Code Lists/Maps

How and when do you match people (*check all that apply*):



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- ☐ During New Hire Orientation
- ☐ As Part of a Company (or site) Wide Survey
- ☐ On Demand

Registration and distribution will take place:

- ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ On-Going

- ☐ **Guaranteed Return Trip** - The employer provides eligible employees with a return trip (or to the point of commute origin), when a need for the return trip arises.

Check all that apply:

- ☐ Personal Emergency Situation
- ☐ Unplanned Business-related Activities
- ☐ Planned Business-related Activities
- ☐ Other (specify)

This will be accomplished by utilizing one or more of the following transportation modes or options:

- | | |
|--|---|
| <input type="checkbox"/> Company Vehicle | <input type="checkbox"/> TMA/TMO Provided |
| <input type="checkbox"/> Rental car | <input type="checkbox"/> Supervisor or Fellow Employee |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Other (specify) <input type="text"/> |

- ☐ **Preferential Parking for Ridesharers** - The employer provides eligible employees with preferential parking spaces to park their vehicles.

These spaces shall be clearly posted or marked in a manner to identify them for carpool and vanpool use only.

- | | |
|----------------------|---|
| <input type="text"/> | Number of Preferential Parking Spaces |
| <input type="text"/> | Minimum Number of Persons (per vehicle) Required to be Eligible |
| <input type="text"/> | Minimum Number of Days or % of Ridesharing Required to be Eligible |
| <input type="text"/> | Method of Vehicle Identification (i.e. tags, stickers, license plate No.) |



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- ☐ **Bicycle Program** - The employer provides eligible employees who commute by bicycle with such tools as biking equipment, special meetings or other bike related services.

The employer provides eligible employees who commute by bicycle with the following (see page 15 for Codes)

(Check each one that applies)

	<i>Frequency*</i>	<i>Eligibility **</i>
<input type="checkbox"/> Bicycle Matching/Meetings	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Shoes/Clothing/Helmets/Locks/etc.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bicycle Repairs/Kits	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Discounts at Local Bike Shops	<input type="text"/>	<input type="text"/>

Other (specify)

- ☐ **Transit Information Center** - The employer provides a transit information center that makes available general transit information, and/or the on-site sale of public transit passes, tickets or tokens to the worksite employees.

Do you provide on-site sale of transit passes or tokens?

☐

Yes

☐

No

Do you offer discounted transit passes or tokens? If so, please provide the value of the discount:

☐

Yes

☐

No

\$ or %

PASSES

\$ or %

TOKENS

* See page 11 for Frequency and Eligibility Code Tables

** See page 11 for Frequency and Eligibility Code Tables



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DIRECT STRATEGIES

- ☐ **Vanpool Program** - The employer provides eligible employees with a vanpool program designed to encourage the use of existing vanpools or the development of new vanpools.

The employer provides eligible employees with a vanpool program, as follows:

☐
☐

Employer owned/leased

☐

Third-party owned/leased

Employee owned/leased

Total number of vans participating in program:

☐

Employer provided insurance

☐

Employer provided fuel/maintenance

☐

Employer provides cash subsidies for vanpoolers

☐

Subsidies prorated based on rideshare participation level

Ridership Charge for Employer Owned/Leased Vans:

\$

Other, please explain:

If the employer subsidized empty seats, how much?

\$

per seat

How long?

- ☐ **Time Off with Pay** - The employer provides eligible employees additional time off with pay for participation in the company's commute reduction program.

Participation Rate

Number of days of Participation		Time Off Earned (enter # of mins., hrs., days)	Enter Unit of Time Off Earned	Units: M = Minutes H = Hours D = Days
<input type="text"/>	Per month:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Quarter:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Year:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Each day of participation	<input type="text"/>	<input type="text"/>	

What is the maximum amount (if any) of earned time off that can be accumulated within a one-year period?

Number of minutes, hours, days

Unit of time off earned

M = Minutes
H = Hours
D = Days



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☐ **Compressed Work Week** - A compressed work week (CWW) schedule applies to employees who, as an alternative to completing the basic work requirement in five eight-hour workdays in one week, or ten eight-hour days in two weeks, are scheduled in a manner which reduces trips to the worksite.

Does a written policy exist?

Yes

☐

No

☐

The Compressed Work Week schedule is offered to:

All employees

☐

OR

Eligible employees/Depts.

☐

Please enter the number of employees for each type of CWW used:

3/36 Compressed Work Week

4/40 Compressed Work Week

9/80 Compressed Work Week

Current
No. Emp.

Projected
No. Emp.

☐ **Telecommuting** - Telecommuting means working at home, off-site, or at a telecommuting center for a full workday, that eliminates the trip to work or reduces travel distance to the worksite by more than 50%.

Does a written policy exist?

Yes

☐

No

☐

Telecommuting is offered to:

All employees

☐

OR

Eligible employees/Depts

☐

The company telecommuting program consists of:
(Check each element that applies.)

Orientation / Training Sessions

Working at Home

of Days per Week

Working at Satellite Work Center

of Days per Week

Other (specify)

Please enter the number of program participants:

Work at Home

Work at Satellite Work Center

Total

Current
No. Emp.

Projected
No. Emp.



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- ☐ **Parking Charge/Subsidy** – A parking fee is charged to employees who drive alone to the worksite, and/or in exchange, a subsidy is provided to employees towards costs of alternative transportation modes.

Monthly Rate

Employee Parking Charge Per Space:

\$

The employer will subsidize the parking charge for eligible employees. Each parking space will be subsidized as follows (*check each mode that applies*):

Mode	Subsidy Per Space	Eligibility Code*	Minimum Requirement
<input type="checkbox"/> 2 person vehicle			
<input type="checkbox"/> 3 person vehicle			
<input type="checkbox"/> 4 person vehicle			
<input type="checkbox"/> 5 person vehicle			
<input type="checkbox"/> 6 person vehicle			
<input type="checkbox"/> Vanpool – 7 – 15			
<input type="checkbox"/> Bus			
<input type="checkbox"/> Rail/plane			
<input type="checkbox"/> Walk			
<input type="checkbox"/> Bicycle			
<input type="checkbox"/> Telecommuting			
<input type="checkbox"/> Other (specify below)			

- ☐ **Auto Services** - The employer provides auto services for employees participating in the company's commute reduction program. Each employee will receive the following (*check each element that applies*).

Service s	Average Value	Frequenc y Code *	Eligibility Code **	Minimum Requirement
<input type="checkbox"/> Fuel				
<input type="checkbox"/> Oil				
<input type="checkbox"/> Tune-Up				
<input type="checkbox"/> Repair Certificate				
<input type="checkbox"/> Car Wash				
<input type="checkbox"/> Other (specify below)				

* See page 11 for Frequency and Eligibility Code Tables

** See page 11 for Frequency and Eligibility Code Tables



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- ☐ **Discounted/Free Meals** - The employer provides eligible employees with free or discounted meals for their participation in the commute reduction program.

☐

The employer provides eligible employees free meals

☐

The employer provides eligible employees discounted meals

Participation in the company's discounted/free meals program is as follows:

Average Value Per Meal	Frequency*	Eligibility Code**	Minimum Requirement

- ☐ **Points Program** - Employees earn points for each day of participation in the employer's commute reduction program. Points are redeemed for such rewards as time off, gift certificates, cash or merchandise.

Value of Point:

Per # of Points:

\$

- ☐ **Prize Drawings** - The employer provides eligible employees with a chance to win prizes for participation in the company's commute reduction program.

Type of Prize	Average Value Per Prize	Number of Prizes	Drawing Frequency*	Eligibility Code**	Minimum Requirement

- ☐ **Direct Financial Awards** - The employer, or other funding source, provides eligible employees with cash subsidies for participation in the company's commute reduction program.

Mode	Award Amount	Per Day or Month	Frequency*	Eligibility**	Minimum Requirement
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					
Vanpool – 7 – 15					
Bus					
Rail/plane					
Walk					
Bicycle					
Telecommuting					
Other (specify)					

* See page 11 for Frequency and Eligibility Code Tables

** See page 11 for Frequency and Eligibility Code Tables



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- ☐ **Flex Time** - The employer permits employees to adjust their work hours in order to accommodate public transit schedules or rideshare arrangements. Please check the appropriate type of flex time offered. (Do not use this section unless flex time is linked to your rideshare program.)

Grace Period	<input type="checkbox"/>	and/or	Shift Flexibility	<input type="checkbox"/>
15 minutes	<input type="checkbox"/>	45 minutes	<input type="checkbox"/>	
30 minutes	<input type="checkbox"/>	60 minutes	<input type="checkbox"/>	
Other	<input type="checkbox"/>	(please identify in minutes) _____		
Does a written policy exist?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

- ☐ **Miscellaneous Awards** - The employer provides eligible employees miscellaneous awards for specific levels of participation in the company's commute reduction program.

Awards (specify type)	Average Value/Prize	Frequency Code*	Eligibility Code**	Minimum Requirement

* See page 11 for Frequency and Eligibility Code Tables

** See page 11 for Frequency and Eligibility Code Tables



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- ☐ **Miscellaneous Strategy(ies)** - The employer can provide many additional types of strategies designed to encourage solo commuters to participate in the commute reduction program. These strategies can include educational programs, use of Zero Emission Vehicles for commuting, company vehicles for ridesharing, transportation fairs/events, gift certificates, and rideshare clubs. If your worksite is implementing any of the above, or any additional incentives not listed on these pages, please describe them here.

(Provide a detailed description of this strategy in the space below that will identify the eligibility requirements and all other information needed to implement this strategy. If additional space is needed, you may photocopy this form and attach.)

Description of strategy: